

St. Bernadette School Health Office
266 Main Street Northborough, MA 01532 508-351-2945 phone 508-351-2941 fax

Student Emergency Information

*Please fill out one form for each child
*Please complete both sides of this form

Name _____ Grade: _____

Date of Birth _____ Gender: M F Email Address: _____

Address: _____ Home Phone _____
Street City/Zip

Name of parent(s)/guardian(s) with whom child lives _____

Mother's Work # _____ Father's Work # _____

Cell # _____ Cell # _____

In the event that my child needs to be dismissed for an injury or illness, and I cannot be reached, the following people may pick up my child.

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

Hospital Preference _____

Allergies: _____

Medical conditions: _____

Medications: _____

Delegation of Epi-Pens: If the school nurse is not available I give permission for trained school personnel to administer epinephrine to my child in an emergency.

Confidentiality Release: I give permission to the school nurse to share information regarding my child's health with appropriate school personnel, child's medical providers as needed.

Emergency Treatment Release: In case of an emergency and I cannot be reached, above, I authorize the school to arrange transportation to the nearest hospital emergency room for treatment.

Signature (custodial parent/guardian) _____ Date _____

OTC Medication Permission Form

Student Name _____ Grade _____ Valid for School Year _____

Our school physician, Marianna Azer, MD, has provided standing orders and protocols for the medications listed below. The medication/treatment will be administered as needed only after the school nurse evaluates the student's health status. No medication will be dispensed if your child exhibits a fever, or signs of an illness or condition that warrants physician assessment or dismissal from school. Other pain-relief methods such as ice/hot packs, relaxation breathing techniques, and hydration will be used before medication is offered.

Student in PK- Grade 8

- Benadryl Yes _____ No _____
For allergy symptoms
- OTC First Aid Wash Yes _____ No _____
For cuts/scrapes

If the student requires Benadryl, the parent/guardian will be contacted.

Student in Grade 5 -Grade 8**

There are times when your son/daughter (**Grades 5-8 Only**) may come to the Health Office with a headache, upset stomach, cold symptoms, or pain from orthodontia, sports injury, or menstrual cramps. With written permission from a parent your child may receive **up to three doses each school year** of over the counter medication to relieve their symptoms. **However, these medications are intended for very infrequent use. Any child needing more than three doses per year is required to get a physician's order and provide their own over the counter medication.**

- Acetaminophen (Tylenol) Yes _____ No _____
For pain relief
- Ibuprofen (Advil, Motrin) Yes _____ No _____
For pain relief
- Cough Drop Yes _____ No _____
For sore throat/cough
- OTC Anti- Itch Skin Protectant Yes _____ No _____
For itching rash
- OTC First Aid Wash Yes _____ No _____
For cuts/scrapes

I wish to be called every time my child receives a dose of medication Yes _____ No _____

I give permission to the school nurse to administer the above checked medications/treatments to my child as needed.

Parent/Guardian Signature _____ Date _____

** The Health Office stocks Benadryl liquid, Acetaminophen, Ibuprofen, cough drops, Calamine Plus (Anti-itch-Anesthetic) lotion, First-Aid Wash (Antiseptic-Anesthetic).